

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****ORDER FOR PAYMENT PLAN****CASE NO.**

Court address

Telephone no.

Plaintiff's name and address

Defendant's name and address

v

Attorney:

Attorney:

1. Date of hearing: _____ Judge/Referee: _____ Bar no.

2. A motion for payment plan was filed on _____ .
Date**THE COURT FINDS:**3. The payer, _____, ☐ did ☐ did not appear.
Name4. The payee, _____, ☐ did ☐ did not appear.
Name☐ 5. Payee ☐ did ☐ did not consent to entry of an order for payment plan as to the arrears.6. The statutory requirements ☐ have ☐ have not been met.

7. Other: _____

IT IS ORDERED:☐ 8. The motion for payment plan is denied.☐ 9. The payer shall pay a total of \$ _____ per month for _____ months starting _____ .
Date

At the conclusion of the payment plan, the payer shall contact the court to schedule a hearing on the request to discharge any remaining arrears.

☐ 10. In addition to the monthly payment plan, payer shall meet the following requirements:

11. Other: _____

Date_____
Judge

NOTE: This order will not stop enforcement of child support obligations when enforcement is required by law.

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this order on the parties and their attorneys by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date_____
Signature